



State of New Hampshire

DEPARTMENT OF SAFETY
Richard M. Flynn, Commissioner of Safety
Division of State Police

James H. Hayes Safety Building, 33 Hazen Drive, Concord, NH 03305
Telephone: 603-271-2575



Colonel Frederick H. Booth
Director

Dear Doctor:

Please print:

Your patient's name _____ Date of birth _____

Address _____

is planning to participate in the fitness assessment test given to NH State Police Probationary Trooper applicants. The test involves a single bench press, sit-ups, push-ups, and a 1½ mile indoor run.

Applicants must have this form completed prior to participating in the test.

EACH SECTION MUST BE COMPLETED IN FULL.

VISUAL ACUITY (If applicant wears corrective lenses, test and record with and without lenses)

a. Without corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Depth perception
b. With corrective lenses: Right: 20/	Left: 20/	Binocular: 20/	Color perception
c. Pupils: Equal?		Reaction?	
d. Form fields of vision (temporal):			
(Record degrees of fields obtained by instrumentation or confrontation above)			
Right eye:		Left eye: Each eye on zero line:	
e. Note evidence of disease or injury:			

CARDIOVASCULAR SYSTEM (Complete each block)

Type of Activity:	Blood Pressure	Pulse Rate	Sounds	Rhythm
a. At rest				
b. Immediately following moderate exercise				
Moderate exercise may include jumping jacks and/or running in place for 3 minutes.				
c. Three minutes after exercise				
d. Note circulation to extremities:				
e. Note any abnormalities:				

____ I know of no reason why this applicant may not participate in the physical fitness test.

____ I recommend the applicant NOT participate in the physical fitness test.

Doctor's Name (Please print): _____ Tel. No.: (____) _____

Doctor's Signature: _____ Today's Date: _____

Address: _____